



## WORKPLACE SAFETY AND HEALTH IN NEW YORK

*From The  
National Institute for Occupational Safety and Health*



### State Profile 2002

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*Delivering on the Nation's promise:  
Safety and health at work for all people through prevention.*

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### The National Institute for Occupational Safety and Health

NIOSH is the primary federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. NIOSH is located in the Department of Health and Human Services in the Centers for Disease Control and Prevention. The NIOSH mission is to provide national and world leadership to prevent work-related illness, injury, disability, and death by gathering information, conducting scientific research, and translating the knowledge gained into products and services. As part of its mission, NIOSH supports programs in every state to improve the health and safety of workers. NIOSH has developed this document to highlight recent NIOSH programs important to workers and employers in New York.

### The Burden of Occupational Illness and Injury in New York

- In New York, there are approximately 8.5 million individuals employed in the workforce.<sup>1</sup>
- In 2000, 233 workers died as a result of workplace injuries.<sup>2</sup>
- The construction industry had the highest number of fatalities, followed second by transportation and public utilities, and third by retail trade.<sup>2</sup>
- In 1999, the most recent year for which data are available, the rate of fatal workplace injuries was 3 deaths per 100,000 workers—below the national average rate of 4.5 deaths per 100,000 workers.<sup>2</sup>
- In 2000, there were 323,500 nonfatal workplace injuries and illnesses in New York.<sup>3</sup>

### The Cost of Occupational Injury and Illness in New York

In 2000, the most recent year for which data are available, a total of \$2.8 billion was paid for workers' compensation claims by New York private insurers, self-insured employers, and state funds.<sup>4</sup> This figure does not include compensation paid to workers employed by the federal government and also underestimates the total financial burden for private sector businesses, since only a fraction of health care costs and earnings lost through work injuries and illnesses is covered by workers' compensation. Chronic occupational illnesses like cancer are substantially under-reported in workers' compensation systems because work-relatedness is often difficult to establish.

# **How NIOSH Prevents Worker Injuries and Diseases in New York**

## **Health Hazard Evaluations (HHEs) and Technical Assistance**

NIOSH evaluates workplace hazards and recommends solutions when requested by employers, workers, or state or federal agencies. Since 1993, NIOSH has responded to 140 requests for HHEs in New York, in a variety of industrial settings, including the following:

### ***New York City: Response to Terrorist Attacks of September 11, 2001***

The terrorist attacks of September 11, 2001, exposed rescue and recovery workers, as well as office workers in and around the area of the attacks, to unprecedented levels of risk for job-related injury, illness, and death. NIOSH responded swiftly to address workers' immediate needs in the aftermath of the attacks at the World Trade Center (WTC). NIOSH also helped build safety and health capacity by developing and disseminating guidelines and information useful to employers and workers at the site and in the event of future emergencies. In addition, NIOSH responded to eight requests for WTC-related HHEs. Affected employees included teachers, professors, employees of the City of New York, office workers, bus operators, train operators, station attendants, and disaster relief workers. NIOSH investigators assessed individual jobs and work locations to evaluate potential exposure to silica dust, asbestos, and other hazardous materials. Specific recommendations were provided to help address adverse health effects ranging from breathing difficulties and throat irritation to post-traumatic stress disorder and depression.

## **Fatality Assessment and Control Evaluation (FACE) Investigations**

NIOSH developed the FACE program to identify work situations with a high risk of fatality and to formulate and disseminate prevention strategies. In New York, FACE is conducted by the state's Department of Health under a cooperative agreement with NIOSH. Since 1995, there have been three FACE investigations in New York.

## **Fire Fighter Fatality Investigation and Prevention Program**

The purpose of the NIOSH Fire Fighter Fatality Investigation and Prevention Program is to determine factors that cause or contribute to fire fighter deaths suffered in the line of duty. NIOSH uses data from these investigations to generate fatality investigation reports and a database of case results that guides the development of prevention and intervention activities. Since 1997, there have been six fire fighter fatality investigations in New York.

## **Building State Capacity**

### ***State-Based Surveillance***

NIOSH funds the Adult Blood Lead Epidemiology and Surveillance Program (ABLES) in the New York State Department of Health. Through ABLES, Health Department staff track and respond to cases of excessive lead exposure in adults which can cause a variety of adverse health outcomes such as kidney or nervous system damage and potential infertility. In addition, NIOSH funds the Sentinel Event Notification System for Occupational Risk, or SENSOR, through which Health Department staff track and develop interventions for acute pesticide-related illness.

### ***Northeast Center for Agricultural and Occupational Health***

NIOSH funds the Northeast Center, one of ten NIOSH Centers for Agricultural Disease and Injury Research, Education, and Prevention nationwide. The purpose of the Centers is to conduct research, education, and prevention projects to address agricultural health and safety problems. Current research topics at the Northeast Center include noise, hearing loss, mechanical injury, and respiratory disease.

### ***New York/New Jersey Education and Research Center (ERC)***

The ERC, based at Mount Sinai School of Medicine, is a consortium of universities in the states of New York and New Jersey including Hunter College, University of Medicine and Dentistry of New Jersey, and the New Jersey Institute of Technology. The major objective of this ERC, one of 16 NIOSH ERCs nationwide, is to educate professionals in industrial hygiene, occupational medicine, occupational safety engineering, and occupational health nursing to understand, evaluate, prevent, manage, and treat occupational disease and injury in workers in the region. In fiscal year 2001, 105 students were enrolled in all programs, there were 18 graduates, and 204 short courses were conducted for 2,826 practicing professionals.

### **Extramural Programs Funded by NIOSH**

The following are examples of recent research contracts, research grants, training grants, or cooperative agreements funded by NIOSH in the state of New York.

#### ***Reducing Construction Hazards***

NIOSH and the Construction Safety and Health Institute, State University of New York at Buffalo, are assessing the effectiveness of active speed controls in highway work zones. The effectiveness of two interventions -- rumble strips and variable message signs -- will be evaluated with regard to the reduction of travel speeds in highway work zones. The proposed interventions could potentially save 168 lives and prevent 7,752 severe injuries annually in the United States.

#### ***Teaching Kids Safety on the Farm: What Works***

With support from NIOSH, researchers at Mary Imogene Bassett Hospital will determine the impact on the rates of childhood agricultural injury of actively disseminating to farm families the North American Guidelines for Children's Agricultural Tasks. The guidelines assist parents in selecting age-appropriate farm tasks for their children and promote farm safety for children through increased awareness, simple behavioral changes, and increased adult supervision.

#### ***Bloodborne Exposure Management***

NIOSH is funding researchers at Columbia University to characterize and assess employee compliance with the Public Health Service guidelines for the management of bloodborne exposures. While exposure to bloodborne viral disease is a significant risk in certain professions, little is known about individual work group, organizational, or professional factors that affect compliance with post-exposure risk-management guidelines. This study will help identify risk factors for failure to comply with these guidelines among nurses, police officers, emergency medical services workers, and corrections personnel.

*Additional information regarding NIOSH services and activities can be accessed through the NIOSH home page at <http://www.cdc.gov/niosh/homepage.html> or by calling the NIOSH 800-number at 1-800-356-NIOSH (1-800-356-4674).*

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<sup>1</sup>U.S. Department of Labor (DOL), Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics, Current Population Survey, 2000.

<sup>2</sup>DOL, BLS in cooperation with state and federal agencies, Census of Fatal Occupational Injuries, 1999-2000.

<sup>3</sup>DOL, BLS in cooperation with participating state agencies, Survey of Occupational Injuries and Illnesses, 2000.

<sup>4</sup>National Academy of Social Insurance, *Workers' Compensation: Benefits, Coverage, and Costs*, 2000 New Estimates, May 2002.